

05-10-06

TFW 1649/B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:
ANDERSON and GALIBERT

Docket No.: 2874-US-CNT

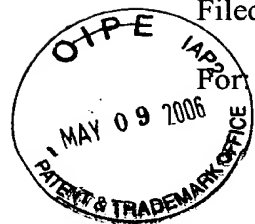
Group Art Unit: 1649

Serial No: 09/705,985

Examiner: Steven H. Standley

Filed: November 3, 2000

METHOD OF INHIBITING OSTEOCLAST ACTIVITY



CERTIFICATE OF MAILING BY EXPRESS MAIL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL LABEL NUMBER: EV 531746533 US

I hereby certify that the following correspondence is enclosed and is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date listed below, and is addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- 1) Fee Authorization / Amendment Transmittal (1 pg + 1 copy);
- 2) Amendment and Response to Office Action (10 pgs);
- 3) Substitute Declaration (1 pg);
- 4) Copy of previously submitted Information Disclosure Statement, and PTO-1449 (w/3 refs); and
- 5) Postcard.

Signed: _____

Lee Nielsen

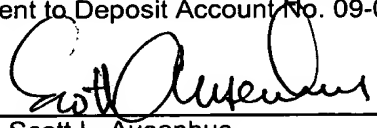
Date: _____

May 9, 2006

Please send all future correspondence to:

22932

Customer Number

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 2874-US-CNT			
Serial No. 09/705,985		Filing Date November 3, 2000		Examiner Steven H. Standley		Group Art Unit 1649	
In Re Application of Dirk M. ANDERSON and Laurent J. GALIBERT							
For METHOD OF INHIBITING OSTEOCLAST ACTIVITY							
TO THE COMMISSIONER FOR PATENTS:							
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <ul style="list-style-type: none"> <input type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$450.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,020.00) <input type="checkbox"/> Four months of original due date (\$1,590.00) <input type="checkbox"/> Five months of original due date (\$2,160.00) 							
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. 							
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:							
CLAIMS AS AMENDED							
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee	
Total Claims	16	Minus	24	= 0	x \$50	=	\$ 0.00
Indep. Claims	3	Minus	3	= 0	x \$200	=	\$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$360	=	\$ 0.00
Total Additional Fee for this Amendment							\$ 0.00
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other:</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1020.00. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.</p>							
Please Send Future Correspondence To: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 22932 Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000 </div> <div style="width: 45%; text-align: center;">  Scott L. Aussenhus Attorney/Agent for Applicants Registration No.: 42,271 Phone: (206) 265-7858 Date: May 9, 2006 </div> </div>							

